

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**EASTERN DISTRICT OF TEXAS**

Case number (if known): \_\_\_\_\_ Chapter 7

☐ Check if this is an amended filing

**Official Form 201**

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

**04/22**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name R2R Palliative and Hospice Care, LLC

2. All other names debtor used in the last 8 years dba R2R Palliative Care

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 4 7 - 5 1 7 8 6 1 1

4. Debtor's address

<p>Principal place of business</p> <p><u>751 Hebron Parkway</u></p> <p>Number Street</p> <p><u>Suite 210</u></p> <p>_____</p> <p><u>Lewisville</u> <u>TX</u> <u>75057</u></p> <p>City State ZIP Code</p> <p><u>Denton</u></p> <p>County</p>	<p>Mailing address, if different from principal place of business</p> <p><u>3540 E. Broad Street</u></p> <p>Number Street</p> <p><u>#30, Suite 120</u></p> <p>P.O. Box _____</p> <p>_____</p> <p><u>Mansfield</u> <u>TX</u> <u>76063</u></p> <p>City State ZIP Code</p> <p>Location of principal assets, if different from principal place of business</p> <p>_____</p> <p>Number Street</p> <p>_____</p> <p>_____</p> <p>City State ZIP Code</p>
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5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor **R2R Palliative and Hospice Care, LLC**

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

*A. Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

*B. Check all that apply:*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

*Check one:*

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11.

*Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 Case number, if known \_\_\_\_\_ MM / DD / YYYY

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **R2R Palliative and Hospice Care, LLC** Case number (if known) \_\_\_\_\_

- 14. Estimated number of creditors**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |
- 15. Estimated assets**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 16. Estimated liabilities**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - ☒ I have been authorized to file this petition on behalf of the debtor.
  - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/06/2022  
MM / DD / YYYY

**X /s/ Effie Smillie**

Signature of authorized representative of debtor

**Effie Smillie**

Printed name

**Owner**

Title

**18. Signature of attorney**

**X /s/ Joyce W. Lindauer**

Date 07/06/2022

Signature of attorney for debtor

MM / DD / YYYY

**Joyce W. Lindauer**

Printed name

**Joyce Lindauer**

Firm name

**Joyce W. Lindauer Attorney, PLLC**

Number Street

**1412 Main Street, Suite 500**

**Dallas**

City

**TX**

State

**75202**

ZIP Code

**(972) 503-4033**

Contact phone

**21555700**

Bar number

**joyce@joycelindauer.com**

Email address

**TX**

State

**Fill in this information to identify the case**

Debtor name R2R Palliative and Hospice Care, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206A/B**

**Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Checking account - Chase (0361)</u>	<u>Checking account</u>	<u>0 3 6 1</u>	<u>\$1,841.73</u>
3.2. <u>Checking account - Chase (5376)</u>	<u>Checking account</u>	<u>5 3 7 6</u>	<u>(\$2,846.00)</u>
3.3. <u>Checking account - Bank of America (4730)</u>	<u>Checking account</u>	<u>4 7 3 0</u>	<u>\$50.00</u>

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**(\$954.27)**

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_  
Name

Current value of  
debtor's interest

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. <u>Granbury-Flex - Rental Deposit</u>	<u>\$962.50</u>
7.2. <u>Neal Felder - Rental Deposit</u>	<u>\$2,500.00</u>
7.3. <u>Ubeo - Scanner/Printer Deposit</u>	<u>\$5,000.00</u>

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$8,462.50**

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest

**11. Accounts receivable**

11a. 90 days old or less:	_____	-	_____	=	..... →	_____
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	_____	-	_____	=	..... →	_____
	face amount		doubtful or uncollectible accounts			

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$0.00**

**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes. Fill in the information below.

Valuation method  
used for current value

Current value of  
debtor's interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**\$0.00**

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes. Fill in the information below.

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

Name

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Medical Supplies - Lotions, personal hygiene items, etc.				\$2,000.00
23. Total of Part 5				\$2,000.00
Add lines 19 through 22. Copy the total to line 84.				
24. Is any of the property listed in Part 5 perishable?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

### Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6.			\$0.00
Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor **R2R Palliative and Hospice Care, LLC** Case number (if known) \_\_\_\_\_  
Name

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture  Bookcases, supply shelves, filing cabinets, whiteboards, desks, chairs, folding tables, and kitchen set			\$3,000.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software  Laptops (9), Smartphones (2), Cameras (2), Scanners (2), TV			\$1,500.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

**\$4,500.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

**\$0.00**

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_  
Name

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No  
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

### Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 751 Hebron Parkway, Lewisville, TX 75057 Lease Commercial Lease at 751 Hebron Parkway, Lewisville, TX 75057	Lease			\$0.00
55.2. 1540 Southtown Drive, Suite 109, Granbury, TX 76048 Lease Commercial Lease at 1540 Southtown Drive, Suite 109, Granbury, TX 76048	Lease			\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

### Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
r2rhealthcare.com			\$0.00
r2rhospice.com			\$0.00

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_  
Name

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

Medicare, Medicaid, and Alternate Delivery Site  
Accreditations

\$300,000.00

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$300,000.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Debtor is amending its tax return and anticipates a refund of approximately  
\$100,000.00 in ERC credit.

Tax year 2019

\$100,000.00

Debtor is amending its tax return and anticipates a refund of approximately  
\$300,000.00 in ERC credit.

Tax year 2020

\$300,000.00

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

The business was sold on June 10, 2022 to Avatar Healthcare for \$175,000.00. Avatar  
Healthcare began operating the Debtor's business, but did not pay the contract purchase price.  
No lawsuit has been filed yet.

\$175,000.00

Nature of claim Breach of Contract

Amount requested \$175,000.00

Debtor **R2R Palliative and Hospice Care, LLC** Case number (if known) \_\_\_\_\_  
Name

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

**\$575,000.00**

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No  
☐ Yes

## Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>(\$954.27)</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$8,462.50</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$0.00</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$2,000.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$4,500.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$0.00</u>	
88. Real property. Copy line 56, Part 9..... →		<u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$300,000.00</u>	
90. All other assets. Copy line 78, Part 11.	<u>+ \$575,000.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$889,008.23</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<b>\$889,008.23</b>

**Fill in this information to identify the case:**

Debtor name R2R Palliative and Hospice Care, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral.

*Column B*  
**Value of collateral that supports this claim**

**2.1 Creditor's name**

**Describe debtor's property that is subject to a lien**

**Creditor's mailing address**

**Describe the lien**

\_\_\_\_\_

**Is the creditor an insider or related party?**

\_\_\_\_\_

- ☐ No  
☐ Yes

**Creditor's email address, if known**

\_\_\_\_\_

**Is anyone else liable on this claim?**

**Date debt was incurred**

☐ No

**Last 4 digits of account number**

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in the same property?**

☐ No

☐ Yes. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$0.00

**Fill in this information to identify the case:**

Debtor R2R Palliative and Hospice Care, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

<p><b>2.1</b> Priority creditor's name and mailing address</p> <p><u>Emely Robinson</u></p> <p><u>4703 Osage Court</u></p> <p><u>Arlington TX 76018</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$2,080.20</u></p> <p><u>\$2,080.20</u></p>
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<p><b>2.2</b> Priority creditor's name and mailing address</p> <p><u>Georgina Formacion</u></p> <p><u>3509 Beech Street</u></p> <p><u>Rowlett TX 75089</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$3,043.06</u></p> <p><u>\$3,043.06</u></p>
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Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

<p><b>2.3</b> Priority creditor's name and mailing address</p> <p><u>Janetta Serano</u></p> <p><u>5555 Amesbury Drive</u></p> <p><u>Apt 1107</u></p> <p><u>Dallas TX 75206</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$2,296.65</u></p> <p><u>\$2,296.65</u></p>
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<p><b>2.4</b> Priority creditor's name and mailing address</p> <p><u>Lindsay Williams</u></p> <p><u>4208 County Road 2008</u></p> <p><u>Glen Rose TX 76043</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$2,568.62</u></p> <p><u>\$2,568.62</u></p>
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<p><b>2.5</b> Priority creditor's name and mailing address</p> <p><u>Marivic Jacobs</u></p> <p><u>8104 Whitney Lane</u></p> <p><u>Fort Worth TX 76120</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$3,120.66</u></p> <p><u>\$3,120.66</u></p>
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Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

<p><b>2.6</b> Priority creditor's name and mailing address</p> <p><u>Nancy Rivera</u></p> <p><u>3733 Lisa Lane</u></p> <p>_____</p> <p>_____</p> <p><u>Mesquite TX 75150</u></p> <p>Date or dates debt was incurred _____</p> <p>_____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$1,599.28</u></p> <p><u>\$1,599.28</u></p>
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<p><b>2.7</b> Priority creditor's name and mailing address</p> <p><u>Paul Alan</u></p> <p><u>7406 Hanover Court</u></p> <p>_____</p> <p>_____</p> <p><u>Granbury TX 76049</u></p> <p>Date or dates debt was incurred _____</p> <p>_____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$1,187.50</u></p> <p><u>\$1,187.50</u></p>
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<p><b>2.8</b> Priority creditor's name and mailing address</p> <p><u>Saira Jamal</u></p> <p><u>1806 Green Leaf Cove</u></p> <p>_____</p> <p>_____</p> <p><u>South Lake TX 76092</u></p> <p>Date or dates debt was incurred _____</p> <p>_____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$4,104.74</u></p> <p><u>\$4,104.74</u></p>
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Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

<p><b>2.9</b> Priority creditor's name and mailing address</p> <p><u>Stormmy Mitchell</u></p> <p><u>2525 W Pleasant Run Road</u></p> <p><u>Apt 7M</u></p> <p><u>Lancaster TX 75146</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$2,130.30</u></p> <p><u>\$2,130.30</u></p>
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<p><b>2.10</b> Priority creditor's name and mailing address</p> <p><u>Todd Stevens</u></p> <p><u>PO Box 191</u></p> <p><u>Sidell TX 76267</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$2,756.64</u></p> <p><u>\$2,756.64</u></p>
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<p><b>2.11</b> Priority creditor's name and mailing address</p> <p><u>Wendy Alexander</u></p> <p><u>3105 Phaeton Court</u></p> <p><u>Plano TX 75023</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>4</u> )</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$2,618.44</u></p> <p><u>\$2,618.44</u></p>
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Debtor **R2R Palliative and Hospice Care, LLC** Case number (if known) \_\_\_\_\_

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div>	<b>Nonpriority creditor's name and mailing address</b> <hr/> <b>AP Imaging LLC</b> <hr/> <b>PO Box 10866</b> <hr/> <hr/> <hr/> <b>Burbank</b> <b>CA</b> <b>91510</b> <hr/> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Business Debt</b> <hr/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <b>\$591.63</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div>	<b>Nonpriority creditor's name and mailing address</b> <hr/> <b>Arden Place of Grapevine</b> <hr/> <b>1500 Autumn Drive</b> <hr/> <hr/> <hr/> <b>Grapevine</b> <b>TX</b> <b>76051</b> <hr/> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Business Debt</b> <hr/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <b>\$38,101.77</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div>	<b>Nonpriority creditor's name and mailing address</b> <hr/> <b>BioSTAT</b> <hr/> <b>PO Box 1749</b> <hr/> <hr/> <hr/> <b>Addison</b> <b>TX</b> <b>75001</b> <hr/> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Business Debt</b> <hr/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <b>\$312.04</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div>	<b>Nonpriority creditor's name and mailing address</b> <hr/> <b>CAP - Palmetto GBA</b> <hr/> <b>PO Box 100238</b> <hr/> <hr/> <hr/> <b>Columbia</b> <b>SC</b> <b>29202</b> <hr/> Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <b>Business Debt</b> <hr/> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<hr/> <b>\$126,343.00</b>

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.5</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$700.00
	Cap Doctor Associates	<input type="checkbox"/> Contingent	
	Attn: Matthew Gordon	<input type="checkbox"/> Unliquidated	
	5295 Cameron Forest Pkwy	<input type="checkbox"/> Disputed	
	Johns Creek GA 30022	Basis for the claim:	
	Date or dates debt was incurred	Business Debt	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.6</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,140.00
	CareFlite	<input type="checkbox"/> Contingent	
	3110 S. Great Southwest Parkway	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Grand Prairie TX 75052	Basis for the claim:	
	Date or dates debt was incurred	Business Debt	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.7</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$595.00
	CareNow	<input type="checkbox"/> Contingent	
	PO Box 743571	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Atlanta GA 30374-3571	Basis for the claim:	
	Date or dates debt was incurred	Business Debt	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.8</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$471.53
	Central Messagin	<input type="checkbox"/> Contingent	
	10333 Harwin Drive, Suite 245	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Houston TX 77036	Basis for the claim:	
	Date or dates debt was incurred	Business Debt	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.9</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$23,906.46</u>
	Chase Credit Card	<input type="checkbox"/> Contingent	
	Cardmember Services	<input type="checkbox"/> Unliquidated	
	P O Box 94014	<input type="checkbox"/> Disputed	
	Palatine IL 60094-4014	Basis for the claim:	
	Date or dates debt was incurred	<b>Business Debt</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.10</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,881.00</u>
	Constantiam Ltd.	<input type="checkbox"/> Contingent	
	Mercy Staffing	<input type="checkbox"/> Unliquidated	
	PO Box 1000, Dept. 0064	<input type="checkbox"/> Disputed	
	Memphis TN 38148	Basis for the claim:	
	Date or dates debt was incurred	<b>Business Debt</b>	
	Last 4 digits of account number	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.11</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$141.70</u>
	CVS Caremark	<input type="checkbox"/> Contingent	
	PO Box 847830	<input type="checkbox"/> Unliquidated	
	Dallas TX 75284-7830	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	<b>Business Debt</b>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.12</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$488.26</u>
	Duncanville Healthcare & Rehab	<input type="checkbox"/> Contingent	
	419 S. Cockrell Hill Rd.	<input type="checkbox"/> Unliquidated	
	Duncanville TX 75116	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	<b>Business Debt</b>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.13</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$25,000.00</u>
	<u>Effie Smillie</u>	<input type="checkbox"/> Contingent	
	<u>3044 Rosina</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Grand Prairie TX 75054</u>	Basis for the claim:	
	Date or dates debt was incurred _____	<u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.14</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$7,571.40</u>
	<u>EHO</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 360</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Belton TX 76513</u>	Basis for the claim:	
	Date or dates debt was incurred _____	<u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.15</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$118,038.00</u>
	<u>Eli Agbotui</u>	<input type="checkbox"/> Contingent	
	<u>3044 Rosina</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Grand Prairie TX 75054</u>	Basis for the claim:	
	Date or dates debt was incurred _____	<u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.16</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,584.37</u>
	<u>Emerald Hills Rehab and Healthcare</u>	<input type="checkbox"/> Contingent	
	<u>5600 David Blvd.</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>North Richland Hills TX 76180</u>	Basis for the claim:	
	Date or dates debt was incurred _____	<u>Business Debt</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.17</b>	Nonpriority creditor's name and mailing address  <u>Estates Healthcare and Rehab Center</u> <u>201 Sycamore School Rd.</u>  <u>Fort Worth TX 76134</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,400.90</u>
<b>3.18</b>	Nonpriority creditor's name and mailing address  <u>Granbury - Flex, LLC</u> <u>POBox 2492</u>  <u>Midland TX 79702</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,925.00</u>
<b>3.19</b>	Nonpriority creditor's name and mailing address  <u>HMS</u> <u>PO Box 952366</u>  <u>St. Louis MO 63195</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,416.38</u>
<b>3.20</b>	Nonpriority creditor's name and mailing address  <u>Hospice Cloud</u> <u>7501 Esters Blvd., Suite 100</u>  <u>Irving TX 75063</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$318.20</u>

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.21</b>	Nonpriority creditor's name and mailing address  <u>Hospice Source LLC</u> <u>PO Box 219168</u>  <u>Kansas City</u> <u>MO</u> <u>64121</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,743.40</u>
<b>3.22</b>	Nonpriority creditor's name and mailing address  <u>Knight CPA</u> <u>8700 Menchaca, Suite 403</u>  <u>Austin</u> <u>TX</u> <u>78748</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
<b>3.23</b>	Nonpriority creditor's name and mailing address  <u>Labor Law Center, LLC</u> <u>3501 West Garry Avenue</u>  <u>Santa Ana</u> <u>CA</u> <u>92704-6422</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$37.85</u>
<b>3.24</b>	Nonpriority creditor's name and mailing address  <u>Laboratory Corporation of America</u> <u>PO Box 12140</u>  <u>Burlington</u> <u>NC</u> <u>27216-2140</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$59.75</u>

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.25</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$163,529.00</u>
	<u>Libertas</u>	<input type="checkbox"/> Contingent	
	<u>411 W. Putnam Ave., Suite 220</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Greenwich</u> <u>CT</u> <u>06380</u>	<b>Basis for the claim:</b>	
		<u>Business Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.26</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,550.00</u>
	<u>Lost Pines Mobile Imaging</u>	<input type="checkbox"/> Contingent	
	<u>4337 Lindbergh Drive</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Addison</u> <u>TX</u> <u>75001</u>	<b>Basis for the claim:</b>	
		<u>Business Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.27</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$156.75</u>
	<u>McKesson Medical-Surgical</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 933027</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Atlanta</u> <u>GA</u> <u>31193</u>	<b>Basis for the claim:</b>	
		<u>Business Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.28</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$7,803.71</u>
	<u>McKesson Medical-Surgical</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 933027</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Atlanta</u> <u>GA</u> <u>31193</u>	<b>Basis for the claim:</b>	
		<u>Business Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.29</b>	Nonpriority creditor's name and mailing address  <u>McKesson Medical-Surgical</u> <u>PO Box 933027</u>  <u>Atlanta</u> <u>GA</u> <u>31193</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,765.45</u>
<b>3.30</b>	Nonpriority creditor's name and mailing address  <u>Medline Industries, Inc.</u> <u>Dept. 1080</u> <u>PO Box 121080</u>  <u>Dallas</u> <u>TX</u> <u>75312</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,718.33</u>
<b>3.31</b>	Nonpriority creditor's name and mailing address  <u>Michael Care Continuum</u> <u>701 Dalworth Street</u>  <u>Grand Prairie</u> <u>TX</u> <u>75050</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$630.00</u>
<b>3.32</b>	Nonpriority creditor's name and mailing address  <u>Neil Felder</u> <u>PO Box 543033</u>  <u>Dallas</u> <u>TX</u> <u>75354</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____  Landlord	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,500.00</u>

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.33</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$55,000.00</u>
	<u>O A Global</u>	<input type="checkbox"/> Contingent	
	<u>17350 State Highway 249</u>	<input type="checkbox"/> Unliquidated	
	<u>Suite 220 #3051</u>	<input type="checkbox"/> Disputed	
	<u>Houston TX 77064</u>	<b>Basis for the claim:</b>	
		<u>Business Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.34</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,000.00</u>
	<u>Oberheiden, P.C.</u>	<input type="checkbox"/> Contingent	
	<u>Attn: Elizabeth Stepp</u>	<input type="checkbox"/> Unliquidated	
	<u>5728 LBJ Freeway, Suite 250</u>	<input type="checkbox"/> Disputed	
	<u>Dallas TX 75240</u>	<b>Basis for the claim:</b>	
		<u>Business Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.35</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$564,570.30</u>
	<u>Palmetto</u>	<input type="checkbox"/> Contingent	
	<u>61 Forsyth Street, S.W., Suite 4T20</u>	<input type="checkbox"/> Unliquidated	
	<u>Atlanta GA 30303-8909</u>	<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Business Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.36</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$220.00</u>
	<u>Pinnacle Quality Insight</u>	<input type="checkbox"/> Contingent	
	<u>7440 S. Creed Rd., Suite 300</u>	<input type="checkbox"/> Unliquidated	
	<u>Sandy UT 84093</u>	<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Business Debt</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Rapid Finance</u> <u>4500 East West Highway, 6th Floor</u>  <u>Bethesda</u> <u>MD</u> <u>20814</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$148,207.53</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Relias LLC</u> <u>PO Box 74008620</u>  <u>Chicago</u> <u>IL</u> <u>60674</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,702.05</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div>	<b>Nonpriority creditor's name and mailing address</b> <u>RMS - UK</u> <u>179-181 Streatham Road</u> <u>Mitcham, Surrey, CR42AG</u> <u>United Kingdom</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,614,789.41</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Shred America</u> <u>3831 FM 2181, Suite 103</u>  <u>Corinth</u> <u>TX</u> <u>76210</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$280.80</u>

## Amount of claim

3.44	Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$300.00
	T-Mobile P O Box 790047  Saint Louis MO 63179-0047		Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred  Last 4 digits of account number		Basis for the claim: Business Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div>	<b>Nonpriority creditor's name and mailing address</b> <u>UBEO</u> <u>PO Box 791070</u>  <u>San Antonio TX 78279</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$308.46</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div>	<b>Nonpriority creditor's name and mailing address</b> <u>United Cooperative Services</u> <u>PO Box 961079</u>  <u>Fort Worth TX 76161-0079</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$157.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div>	<b>Nonpriority creditor's name and mailing address</b> <u>WELLSKY</u> <u>PO Box 207613</u>  <u>Dallas TX 75320</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,175.79</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div>	<b>Nonpriority creditor's name and mailing address</b> <u>Your Therapy Source, LLC</u> <u>PO Box 93552</u>  <u>Southlake TX 76092</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,883.66</u>

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Charter Communications</b> <b>1265 John Q Hammons 100</b>  <b>Madison WI 53717-1936</b>	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.2	<b>Chase Bank</b> <b>18320 Preston Road</b>  <b>Dallas TX 75252</b>	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _
4.3	<b>Chase Credit Card</b> <b>Business</b>   	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	____ _ ____ _
4.4	<b>D&amp;L Accountancy Services</b> <b>9a Reeds Farm Estate, Roxwell Road</b> <b>Writtle, Chelmsford, Essex</b> <b>CM1 3ST UK</b>	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain:	____ _ ____ _

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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5. Add the amounts of priority and nonpriority unsecured claims.

**Total of claim amounts**

5a. Total claims from Part 1 5a. \$27,506.09

5b. Total claims from Part 2 5b. + \$3,028,027.66

5c. Total of Parts 1 and 2 5c. \$3,055,533.75  
Lines 5a + 5b = 5c.

Fill in this information to identify the case:		
Debtor name	<u>R2R Palliative and Hospice Care, LLC</u>	
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF TEXAS</u>	
Case number (if known)	Chapter	<u>7</u>

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Commercial Lease Contract to be REJECTED	Granbury - Flex, LLC PO Box 2492
	State the term remaining	13 payment(s)	
	List the contract number of any government contract		Midland TX 79702
2.2	State what the contract or lease is for and the nature of the debtor's interest	Commercial Lease Contract to be REJECTED	Neil Felder PO Box 543033
	State the term remaining	8 payment(s)	
	List the contract number of any government contract		Dallas TX 75354
2.3	State what the contract or lease is for and the nature of the debtor's interest	Training Software Contract to be REJECTED	Relias LLC PO Box 74008620
	State the term remaining	24 payment(s)	
	List the contract number of any government contract		Chicago IL 60674
2.4	State what the contract or lease is for and the nature of the debtor's interest	Equipment Rental Contract to be REJECTED	UBEO PO Box 791070
	State the term remaining	3 payment(s)	
	List the contract number of any government contract		San Antonio TX 78279

**Fill in this information to identify the case:**

Debtor name R2R Palliative and Hospice Care, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number  
(if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

Name

Mailing address

Name

Check all schedules that apply:

**Fill in this information to identify the case:**

Debtor Name R2R Palliative and Hospice Care, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum

**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from Schedule A/B.....	<b>\$0.00</b>
<b>1b. Total personal property:</b> Copy line 91A from Schedule A/B.....	<b>\$889,008.23</b>
<b>1c. Total of all property</b> Copy line 92 from Schedule A/B.....	<b>\$889,008.23</b>

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$0.00**

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of Schedule E/F.....	<b>\$27,506.09</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	<b>+ \$3,028,027.66</b>

**4. Total liabilities**

Lines 2 + 3a + 3b..... **\$3,055,533.75**

**Fill in this information to identify the case and this filing:**

Debtor Name R2R Palliative and Hospice Care, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number  
(if known) \_\_\_\_\_

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/06/2022  
MM / DD / YYYY

**X** /s/ Effie Smillie  
Signature of individual signing on behalf of debtor

**Effie Smillie**  
Printed name

**Owner**  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name R2R Palliative and Hospice Care, LLC

United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply.

**Gross revenue**  
(before deductions and exclusions)

<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2022</u> to <u>12/31/2021</u>	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$719,000.00</u>
<b>For prior year:</b>	From <u>01/01/2021</u> to <u>12/31/2020</u>		<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$2,634,527.73</u>
<b>For the year before that:</b>	From <u>01/01/2020</u> to <u>12/31/2019</u>		<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	<u>\$1,060,268.00</u>

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

			<b>Description of sources of revenue</b>	<b>Gross revenue from each source</b> (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2022</u> to <u>12/31/2021</u>	Filing date	<u>Settlement Proceeds</u>	<u>\$140,000.00</u>
<b>For prior year:</b>	From <u>01/01/2021</u> to <u>12/31/2020</u>		_____	_____
<b>For the year before that:</b>	From <u>01/01/2020</u> to <u>12/31/2019</u>		_____	_____

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_  
Name

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
<b>3.1. Law Offices of David C. Lindsay, PLLC</b> Creditor's name <u>4900 Woodway Drive, suite 750</u> Street  <u>Houston TX 77056</u> City State ZIP Code		<u>\$8,503.74</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Legal Services</u>
<b>3.2. Nissi Global Inc.</b> Creditor's name <u>Attn: Victoria Oka</u> Street <u>3240 Paseo</u>  <u>Grand Prairie TX 75054</u> City State ZIP Code	<u>4/7/2022</u>	<u>\$41,200.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payroll Loan</u>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_  
Name

### Part 3: Legal Actions or Assignments

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☒ None

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

### Part 4: Certain Gifts and Charitable Contributions

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

### Part 5: Certain Losses

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

### Part 6: Certain Payments or Transfers

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<u>Joyce W. Lindauer</u>		<u>06/17/2022</u>	<u>\$2,500.00</u>
	<b>Address</b>			
	<u>Attorney at Law &amp; Mediator</u>			
	<u>Street</u>			
	<u>1412 Main Street, Suite 500</u>			
	<u>Dallas</u>	<u>TX</u>	<u>75202</u>	
	City	State	ZIP Code	
	<b>Email or website address</b>			
	_____			
	<b>Who made the payment, if not debtor?</b>			
	<u>Effie Smillie, Owner</u>			

Debtor **R2R Palliative and Hospice Care, LLC** Case number (if known) \_\_\_\_\_  
Name

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None

**13. Transfers not already listed on this statement**

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

**Address**

**Dates of occupancy**

14.1. **861 Hebron Parkway**

From **Spring 2014**

To **02/2021**

Street

**Lewisville**

**TX**

**75057**

City

State

ZIP Code

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained

**Social Security Numbers and Medical Records - Debtor is HIPAA compliant.**

Does the debtor have a privacy policy about that information?

☐ No.

☒ Yes.

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_  
Name

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.  
☐ Yes. Does the debtor serve as plan administrator?  
☐ No. Go to Part 10.  
☐ Yes. Fill in below:

#### Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

#### Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Debtor **R2R Palliative and Hospice Care, LLC** Case number (if known) \_\_\_\_\_  
Name

## Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- **Environmental law** means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- **Site** means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- **Hazardous material** means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

- ☒ No  
☐ Yes. Provide details below.

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Provide details below.

## Part 13: Details About the Debtor's Business or Connections to Any Business

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

	<b>Business name and address</b>	<b>Describe the nature of the business</b>	<b>Employer Identification number</b>
25.1.	<b>R2R Healthcare Rainbow to Rainbow, Inc.</b> Name <b>751 Hebron Parkway</b> Street <b>Suite 210</b> <b>Lewisville TX 75057</b> City State ZIP Code	<b>Personal assistant services - business is not currently operating.</b>	Do not include Social Security number or ITIN.  EIN: <u>4</u> <u>6</u> - <u>4</u> <u>9</u> <u>5</u> <u>2</u> <u>3</u> <u>0</u> <u>1</u>  <b>Dates business existed</b> From <u>2/28/2014</u> To <u>Present</u>

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

	<b>Name and address</b>	<b>Dates of service</b>
26a.1.	<b>Pillai CPA</b> Name <b>17330 Preston Rd Suite # 100A</b> Street  <b>Richardson TX 75252</b> City State ZIP Code	From <u>12/23/2019</u> To <u>9/1/2021</u>

Debtor **R2R Palliative and Hospice Care, LLC** Case number (if known) \_\_\_\_\_

Name

Name and address

Dates of service

26a.2. **Knight CPA**

From **9/1/2021** To **Present**

Name

**8700 Menchaca Rd STE 403**

Street

**Austin**

**TX**

**78748**

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **Knight CPA**

Name

**8700 Menchaca Rd STE 403**

Street

**Austin**

**TX**

**78748**

City

State

ZIP Code

Name and address

If any books of account and records are unavailable, explain why

26c.2. **Whirks**

Name

**5570 Murray Ave**

Street

**Memphis**

**TN**

**38119**

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No.

☐ Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Effie Smillie	3044 Rosina Grand Prairie, TX 75054	Owner	100%

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_  
Name

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Eli Agbotui</u> Name <u>3044 Rosina</u> Street	Yearly Salary - Director of Operations \$100,000.00	July 2021 - Present. Paid biweekly	Salary - Director of Operations
<u>Grand Prairie</u> TX <u>75054</u> City State ZIP Code			

Relationship to debtor

Director of Operations

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2. <u>Effie Smillie</u> Name <u>3044 Rosina</u> Street	Yearly Salary \$88,076.87	July 2021 - Present. Paid biweekly	Salary - Owner
<u>Grand Prairie</u> TX <u>75054</u> City State ZIP Code			

Relationship to debtor

Owner

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation R2R Healthcare Rainbow to Rainbow, Inc. Employer Identification number of the parent corporation  
EIN: 4 6 - 4 9 5 2 3 0 1

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Debtor R2R Palliative and Hospice Care, LLC Case number (if known) \_\_\_\_\_  
Name

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/06/2022  
MM / DD / YYYY

**X** /s/ Effie Smillie Printed name Effie Smillie  
Signature of individual signing on behalf of the debtor  
Position or relationship to debtor Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION**

In re **R2R Palliative and Hospice Care, LLC**

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u><b>\$2,500.00</b></u>
Prior to the filing of this statement I have received.....	<u><b>\$2,500.00</b></u>
Balance Due.....	<u><b>\$0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**07/06/2022**

*Date*

**/s/ Joyce W. Lindauer**

*Joyce W. Lindauer*

Joyce Lindauer

Joyce W. Lindauer Attorney, PLLC

1412 Main Street, Suite 500

Dallas, TX 75202

Phone: (972) 503-4033 / Fax: (972) 503-4034

Bar No. 21555700

**/s/ Effie Smillie**

**Effie Smillie**

**Owner**

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION**

IN RE: **R2R Palliative and Hospice Care, LLC**

CASE NO

CHAPTER **7**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 7/6/2022

Signature /s/ Effie Smillie  
Effie Smillie  
Owner

Date \_\_\_\_\_

Signature \_\_\_\_\_

AP Imaging LLC  
PO Box 10866  
Burbank, CA 91510

Arden Place of Grapevine  
1500 Autumn Drive  
Grapevine, TX 76051

Attorney General of Texas  
Bankruptcy Division  
PO Box 12548  
Austin, TX 78711-2548

BioSTAT  
PO Box 1749  
Addison, TX 75001

CAP - Palmetto GBA  
PO Box 100238  
Columbia, SC 29202

Cap Doctor Associates  
Attn: Matthew Gordon  
5295 Cameron Forest Pkwy  
Johns Creek, GA 30022

CareFlite  
3110 S. Great Southwest Parkway  
Grand Prairie, TX 75052

CareNow  
PO Box 743571  
Atlanta, GA 30374-3571

Central Messagin  
10333 Harwin Drive, Suite 245  
Houston, TX 77036

Charter Communications  
1265 John Q Hammons 100  
Madison, WI 53717-1936

Chase Bank  
18320 Preston Road  
Dallas, TX 75252

Chase Credit Card  
Cardmember Services  
P O Box 94014  
Palatine, IL 60094-4014

Chase Credit Card  
Business

Comptroller of Public Accts  
Rev Acctg Div/Bankruptcy Dept  
PO BOX 13528  
Austin, TX 78711

Constantiam Ltd.  
Mercy Staffing  
PO Box 1000, Dept. 0064  
Memphis, TN 38148

CVS Caremark  
PO Box 847830  
Dallas, TX 75284-7830

D&L Accountancy Services  
9a Reeds Farm Estate, Roxwell Road  
Writtle, Chelmsford, Essex  
CM1 3ST UK

Duncanville Healthcare & Rehab  
419 S. Cockrell Hill Rd.  
Duncanville, TX 75116

Effie Smillie  
3044 Rosina  
Grand Prairie, TX 75054

EHO  
PO Box 360  
Belton, TX 76513

Eli Agbotui  
3044 Rosina  
Grand Prairie, TX 75054

Emely Robinson  
4703 Osage Court  
Arlington, TX 76018

Emerald Hills Rehab and Healthcare  
5600 David Blvd.  
North Richland Hills, TX 76180

Estates Healthcare and Rehab Center  
201 Sycamore School Rd.  
Fort Worth, TX 76134

Georgina Formacion  
3509 Beech Street  
Rowlett, TX 75089

Granbury - Flex, LLC  
POBox 2492  
Midland, TX 79702

HMS  
PO Box 952366  
St. Louis, MO 63195

Hospice Cloud  
7501 Esters Blvd., Suite 100  
Irving, TX 75063

Hospice Source LLC  
PO Box 219168  
Kansas City, MO 64121

Internal Revenue Service  
Mail Code DAL-5020  
1100 Commerce Street  
Dallas, Texas 75242

Internal Revenue Service  
Centralized Insolvency  
PO Box 7346  
Philadelphia, PA 19101-7346

Janetta Serano  
5555 Amesbury Drive  
Apt 1107  
Dallas, TX 75206

Knight CPA  
8700 Menchaca, Suite 403  
Austin, TX 78748

Labor Law Center, LLC  
3501 West Garry Avenue  
Santa Ana, CA 92704-6422

Laboratory Corporation of America  
PO Box 12140  
Burlington, NC 27216-2140

Libertas  
411 W. Putnam Ave., Suite 220  
Greenwich, CT 06380

Lindsay Williams  
4208 County Road 2008  
Glen Rose, TX 76043

Linebarger Goggan Blair & Sampson  
2777 N. Stemmons Freeway  
Suite 1000  
Dallas, TX 75207

Lost Pines Mobile Imaging  
4337 Lindbergh Drive  
Addison, TX 75001

Marivic Jacobs  
8104 Whitney Lane  
Fort Worth, TX 76120

McKesson Medical-Surgical  
PO Box 933027  
Atlanta, GA 31193

Medline Industries, Inc.  
Dept. 1080  
PO Box 121080  
Dallas, TX 75312

Michael Care Continuum  
701 Dalworth Street  
Grand Prairie, TX 75050

Nancy Rivera  
3733 Lisa Lane  
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